

County: Walworth  
KIWANIS MANOR, INC.  
P. O. BOX 292

Facility ID: 3880

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EAST TROY 53120 Phone: (262) 642-3995  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/01): 60  
Total Licensed Bed Capacity (12/31/01): 60  
Number of Residents on 12/31/01: 55

Ownership:  
Highest Level License: Non-Profit Corporation  
Operate in Conjunction with CBRF? Skilled  
Title 18 (Medicare) Certified? No  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 55

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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		43.6
Supp. Home Care-Personal Care	No					1 - 4 Years		38.2
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.8	More Than 4 Years		18.2
Day Services	No	Mental Illness (Org./Psy)	20.0	65 - 74	9.1			-----
Respite Care	No	Mental Illness (Other)	3.6	75 - 84	40.0			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	45.5	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	3.6	Full-Time Equivalent		
Congregate Meals	Yes	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	5.5		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	16.4	65 & Over	98.2	-----		
Transportation	No	Cerebrovascular	12.7		-----	RNs		12.5
Referral Service	No	Diabetes	5.5	Sex	%	LPNs		6.0
Other Services	Yes	Respiratory	9.1		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	27.3	Male	27.3	Aides, & Orderlies		
Mentally Ill	No		-----	Female	72.7			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Private Pay			Family Care			Managed Care			Total Resi - dents	% Of All	
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)			
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	3	100.0	320	25	61.0	106	0	0.0	0	11	100.0	160	0	0.0	0	0	0.0	0	39	70.9
Intermediate	---	---	---	15	36.6	87	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	15	27.3
Limited Care	---	---	---	1	2.4	75	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.8
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		41	100.0		0	0.0		11	100.0		0	0.0		0	0.0		55	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
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Percent Admissions from		Activities of	%	% Needing Assistance of	% Totally Dependent	Total Number of Residents
Private Home/No Home Health	11.5	Daily Living (ADL)	Independent	One Or Two Staff		
Private Home/With Home Health	0.0	Bathing	0.0	83.6	16.4	55
Other Nursing Homes	11.5	Dressing	0.0	87.3	12.7	55
Acute Care Hospitals	73.1	Transferring	5.5	76.4	18.2	55
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	5.5	76.4	18.2	55
Rehabilitation Hospitals	1.9	Eating	43.6	47.3	9.1	55
Other Locations	1.9	*****				
Total Number of Admissions	52	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	10.9	Receiving Respiratory Care		21.8
Private Home/No Home Health	3.6	Occ/Freq. Incontinent of Bladder	52.7	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	34.5	Occ/Freq. Incontinent of Bowel	29.1	Receiving Suctioning		1.8
Other Nursing Homes	7.3			Receiving Ostomy Care		5.5
Acute Care Hospitals	14.5	Mobility		Receiving Tube Feeding		5.5
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets		20.0
Rehabilitation Hospitals	0.0					
Other Locations	0.0	Skin Care		Other Resident Characteristics		
Deaths	40.0	With Pressure Sores	0.0	Have Advance Directives		90.9
Total Number of Discharges		With Rashes	16.4	Medications		
(Including Deaths)	55			Receiving Psychoactive Drugs		67.3

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Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities  
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	This Facility %	Ownership: Nonprofit Peer Group Ratio %	Bed Size: 50-99 Peer Group Ratio %	Licensure: Skilled Peer Group Ratio %	All Facilities %
Occupancy Rate: Average Daily Census/Licensed Beds	91.7	92.7 0.99	86.4 1.06	85.8 1.07	84.6 1.08
Current Residents from In-County	40.0	74.5 0.54	69.6 0.57	69.4 0.58	77.0 0.52
Admissions from In-County, Still Residing	19.2	27.9 0.69	19.9 0.97	23.1 0.83	20.8 0.92
Admissions/Average Daily Census	94.5	95.2 0.99	133.4 0.71	105.6 0.90	128.9 0.73
Discharges/Average Daily Census	100.0	95.2 1.05	132.0 0.76	105.9 0.94	130.0 0.77
Discharges To Private Residence/Average Daily Census	38.2	31.4 1.22	49.7 0.77	38.5 0.99	52.8 0.72
Residents Receiving Skilled Care	70.9	91.4 0.78	90.0 0.79	89.9 0.79	85.3 0.83
Residents Aged 65 and Older	98.2	97.3 1.01	94.7 1.04	93.3 1.05	87.5 1.12
Title 19 (Medicaid) Funded Residents	74.5	64.2 1.16	68.8 1.08	69.9 1.07	68.7 1.09
Private Pay Funded Residents	20.0	29.6 0.68	23.6 0.85	22.2 0.90	22.0 0.91
Developmentally Disabled Residents	0.0	0.7 0.00	1.0 0.00	0.8 0.00	7.6 0.00
Mentally Ill Residents	23.6	36.0 0.66	36.3 0.65	38.5 0.61	33.8 0.70
General Medical Service Residents	27.3	21.3 1.28	21.1 1.29	21.2 1.28	19.4 1.40
Impaired ADL (Mean)	52.0	49.0 1.06	47.1 1.10	46.4 1.12	49.3 1.06
Psychological Problems	67.3	50.2 1.34	49.5 1.36	52.6 1.28	51.9 1.30
Nursing Care Required (Mean)	8.9	7.5 1.18	6.7 1.31	7.4 1.19	7.3 1.21